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Kansas State Board  
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Hospital standards and  
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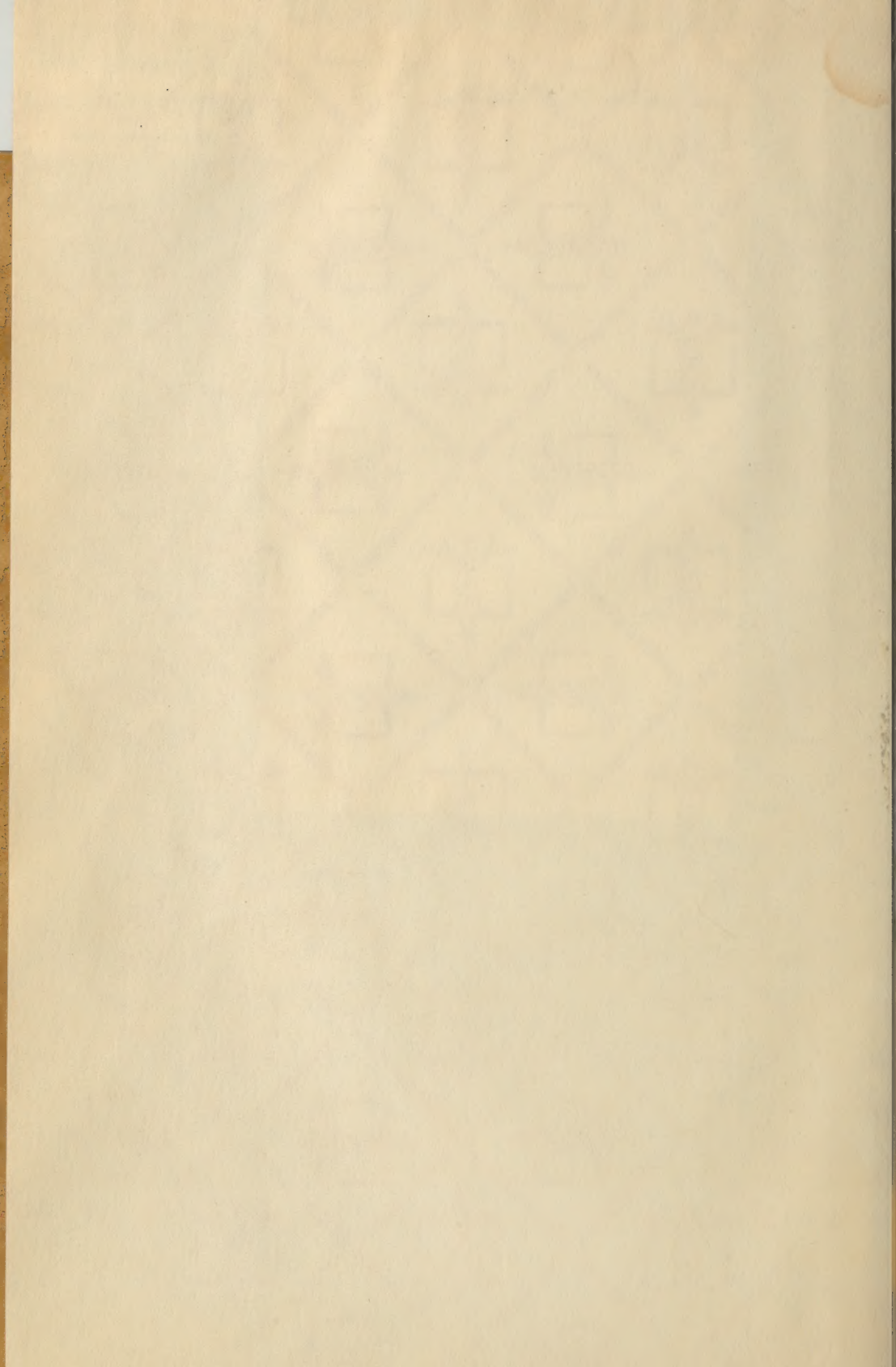


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# HOSPITAL *Standards* *and* *Regulations*



DIVISION OF HOSPITAL FACILITIES  
KANSAS STATE BOARD OF HEALTH • TOPEKA



# **Standards**

**and**

# **Regulations for Hospitals in Kansas**

(Second Edition)

**KANSAS STATE BOARD OF HEALTH . . . TOPEKA**

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## FOREWORD • •

The Commission on Hospital Care, an independent nongovernmental committee, recently made an exhaustive study and analysis of the hospital situation in this country. The Commission's report, published by the Commonwealth Fund under the title, "Hospital Care in the United States," makes, among many others, the following recommendations:

WX "All institutions providing overnight care to the sick  
32 should be licensed to operate and should be subject  
AK3 to periodic inspection by state authority.

S7s "Hospital licensure law should be used as a means  
1949 to develop an effective, economic, integrated hospital  
c.1 service which will adequately supply the public's  
needs."

Although certain phases of hospital care have long been supervised in many states, the movement toward state licensing and inspection of all hospitals is recent and, generally supported by hospital, medical, and health organizations, has spread rapidly. The Kansas legislature adopted a licensure law in 1947, and created an Advisory Hospital Council to work with the Board of Health in administration of the law.

The Board of Health accepts the responsibility of formulating standards, rules and regulations for hospitals with confidence that Kansas Hospital Administrators themselves are, more than any others, interested in the efficient and successful operation of their institutions, and are constantly striving to improve their service.

Such regulations as the Board may make, with the approval of the Advisory Hospital Council, are expected to serve as an operating guide; and the standards recommended herein are intended primarily to remind those who obtain licenses to conduct hospitals that vigilance, diligence and a humanitarian attitude are essentials in the proper care of patients.

In adopting these standards and regulations, the Board of Health has tried to give due consideration to differences in size, type, and resources of hospitals and to make requirements for licensure reasonable and flexible.

*F. P. Beelman, M.D.*

Executive Officer and Secretary  
Kansas State Board of Health

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Inquiries addressed to Division of Hospital Facilities, Kansas State Board of Health, Topeka, Kansas, relative to regulations or to codes, officers, or organizations referred to herein will receive prompt attention.

## PURPOSE • •

### of the Licensure Law

An act providing for the licensing, inspection and regulation of hospitals and for administrative and enforcement procedures went into effect upon publication in the Statute Book, June 30, 1947. A copy of the act, which may be referred to as the "Licensure Law," is appended hereto.

The State Board of Health, subject to advice and direction of the Advisory Hospital Council, is charged with administration of the law. The "Licensure Law" (Chapter 329, Laws of Kansas, 1947) sets forth the purpose of the act in Section 2, viz.:

"To provide for the development, establishment, and enforcement of standards:

- (1) for the care and treatment of individuals in hospitals, and
- (2) for the construction, maintenance, and operation of hospitals, which . . . will promote safe and adequate treatment of such individuals in hospitals."

The law creates an ADVISORY HOSPITAL COUNCIL, which "shall have the following responsibilities and duties:

- (a) To supervise and direct the LICENSING AGENCY (State Board of Health) in matters of policy affecting administration of this act, and in the development and approval of rules, regulations and standards provided for hereunder.
- (b) To review on appeal . . . any order of the licensing agency revoking, denying or suspending a license and to modify or reverse such order" (Section 11).

The following "STANDARDS AND REGULATIONS" are adapted from standards prevailing in many states which have a licensure law similar to ours. A large majority of Kansas hospitals have won favorable recognition by national medical associations. To them, such regulations may appear merely as a reflection of something already accomplished. We hope, however, by setting up reasonable standards and by raising them in keeping with further advances in medical science, to call attention to inadequacies or defects in hospital practices and facilities and to furnish a guide for constant improvement—all to the end that those who need med-

ical care may find safe, comfortable accommodation, and scientific and ethical treatment in any Kansas hospital.

We solicit the active coopération of Hospital Boards, Medical Staffs, Nurses, other Personnel and State Agencies concerned, in using the Licensure Law as an aid in attaining and maintaining the highest standards of Hospital Service.

F. C. BEELMAN,  
Executive Officer and Secretary  
Kansas State Board of Health

R. M. HEILMAN, M. D., Director  
Division of Hospital Facilities

## Standards, Regulations, and Recommendations

Those parts having the effect of law are printed in boldface type

### INSTITUTIONS SUBJECT TO LICENSURE UNDER CHAPTER 329, LAWS OF KANSAS, 1947

#### GENERAL HOSPITALS

Hospitals providing general medical or surgical care. They may or may not also provide specialized services such as pediatrics, maternity, and urology.

#### SPECIAL HOSPITALS

Hospitals limiting their services to special types of care, such as tuberculosis, orthopedics, pediatrics.

#### HOSPITALS OR HOMES FOR THE CHRONICALLY ILL OR CONVALESCENT

Nursing homes, rest homes, convalescent homes, or other institutions devoted *primarily* to the maintenance and operation of facilities for the care and treatment of four or more patients suffering from prolonged illness or defect, or recovering from injury or disease and receiving medical or skilled nursing care. (Such homes are to be distinguished from institutions which are devoted *primarily* to *domiciliary care*.)

#### I. NEW CONSTRUCTION, MATERIAL ALTERATIONS, ADDITIONS

1. As one of the primary purposes of the Licensure Law is to develop, establish, and enforce standards for the *construction* of hospitals, close co-operation between the Board of Health (the licensing agency), the hospital management (or owner) and those in charge of such construction (architects and contractors) is particularly desirable when new buildings, additions or material changes are in prospect.

Before construction is begun, plans and specifications covering the construction of new buildings, additions, or material alterations to existing buildings shall be submitted to the Board of Health for approval or recommendations with respect to compliance with these standards and regulations. These plans should show the general arrangements of the buildings, including the intended purpose and fixed equipment of each room, with such additional information as the Board of Health may require. Thereupon the Board of Health will investigate the plans and give notice to the proper person of approval or disapproval with such recommendations as it sees fit to make.

No system of water supply, plumbing, sewerage, garbage or refuse disposal for these institutions shall be installed nor shall any such existing system be materially altered or extended until complete plans and specifications for the installation, alteration or extension, together with such in-

formation as the Board of Health may require, have been submitted in duplicate and approved.

Construction should follow approved plans and specifications. It is suggested that in order to avoid unnecessary expense in changing final plans, proposed plans in sketch form be reviewed with the Board of Health as a preliminary step.

2. Sites for new construction should be selected with a view to both present and continuing desirability. Environment, zoning restrictions, accessibility, and availability of public utilities will be taken into consideration in examining applications for license.

## II. GENERAL

### A. SAFETY AND SANITATION

#### 1. CLEANLINESS

Clean, well-kept buildings are essential. Floors, walls, and ceilings should have finishes suitable for purpose for which room serves and should be frequently washed, cleaned or painted. Comfortable and sanitary living conditions for patients and employees should be maintained.

#### 2. FIRE PROTECTION

Provision for protection against fire, explosion, spontaneous combustion, toxic, noxious or irritating gases is essential and must satisfy the requirements of the State Fire Marshal, or of existing local agencies for fire prevention and fire control.

#### 3. HEATING

Heating plant shall be adequate to maintain a temperature of 70 degrees Fahrenheit in severe weather, in all rooms used for patients, and capable of maintaining a temperature of 75 degrees Fahrenheit in nurseries.

#### 4. WATER SUPPLY

The water supply shall be obtained from a water supply system, the location, construction, and operation of which comply with the standards approved by the Board of Health. It is recommended that a municipal water supply be used if available. The water should be distributed to conveniently located taps in the building and hot water made available at all times.

#### 5. SEWAGE DISPOSAL

Sewage shall be discharged into a municipal sewerage system where such a system is available; otherwise, the sewage shall be collected, treated, and disposed of in an independent sewerage system which complies with the standards approved by the Board of Health. Disposal shall be such as to protect against access thereto of rodents, flies or other insects, and not to permit untreated discharges of sewage to contaminate or intermingle with any flood, surface or ground water.

6. PLUMBING

Toilet facilities in reasonable ratio to the number, type, and sex of patients cared for in the institution are necessary. The plumbing and drainage, or other arrangements for the disposal of excreta, infectious discharges, and institutional waste, shall be designed in such manner as will prevent contamination of any water supply, milk or other food materials. These standards prohibit the use of any fixture connected to the plumbing system that is of such design, or installed in such manner, as to permit back siphonage of contaminated products into the water lines.

7. GARBAGE DISPOSAL

All garbage shall be collected, stored, and disposed of in a manner that will not permit the transmission of a contagious disease, create a nuisance or provide a breeding place for flies. Containers for garbage should be water-tight, have tight-fitting covers, and be fly and rodent proof. They should be emptied at frequent intervals and be scoured and aired before further use. Infectious waste materials shall be burned on the premises.

8. SCREENS

When flies, mosquitoes, and other insects are prevalent, all outside doors, windows, and other outside openings shall be screened with wire screen or its equal, with not less than sixteen meshes per lineal inch. All screen doors should open outward where building design permits and be equipped with self-closing devices.

9. LIGHTING

Adequacy—Each patient's room shall be an outside room with a satisfactory amount of natural light. The window area should not be less than one-eighth of the floor space. All rooms, including storerooms, attic, and basement areas in use, should have sufficient artificial lighting facilities so that all parts shall be clearly visible under such artificial lighting.

It is especially important that hallways, stairways, inclines, ramps, and entrances be well lighted in order to prevent accidents.

Lighting fixtures should be selected and placed with a view to the comfort and safety of patients and personnel. All service rooms and working centers, such as medicine cabinets or nurses' charting desks should be adequately lighted. Type and installation of fixtures in operating, anesthesia, and delivery rooms must be such as to minimize danger of explosion. Grounded explosion-proof receptacles shall be provided.

10. EMERGENCY LIGHTING

Emergency lighting facilities must be provided and distributed so as to be readily available to personnel on duty. At no time may open flame type of light be used in delivery or operating rooms. Flashlights or battery operated lamps, with vapor-proof switches, providing ample illumination for surgery, shall be in readiness at all times for use in delivery and operating rooms.

11. VENTILATION

Building shall at all times be adequately ventilated. Kitchen, bathrooms, and service rooms should be so located and ventilated by window or mechanical means as to prevent offensive odors from entering patients' rooms and the public hallways.

12. STAIRWAYS

All stairways shall be provided with handrails; open stairways with guardrails. Nonslip treads are recommended.

13. ELEVATORS

Elevator installation shall comply with local and state codes, if any, and with requirements of State Fire Marshal. Passenger cab platforms should be not less than 5' 4"  $\times$  8'. Doors should be not less than 3' 10" wide.

14. LAUNDRY

The institution shall make provision for the proper cleansing of linen and other washable goods. Diapers and other soiled nursery linen should be washed separately from each other and from other hospital linen. It is especially important that diapers be washed with plenty of mild soap, and thoroughly rinsed through four waters to remove all soap.

Where linen is sent to an outside laundry it is the responsibility of the institution to visit the laundry selected and determine that work is done in accordance with these standards.

15. INCINERATION

Incineration facilities shall be provided for the disposal of infected dressings, surgical and obstetric wastes, and other similar materials.

16. COMMUNICATION

There must be a telephone in the building. Telephone extensions or other means of intercommunication should be provided.

B. DIETARY DEPARTMENT

1. FACILITIES FOR PREPARATION AND SERVING OF FOOD

There must be facilities in the hospital for the proper preparation and serving of food. Hot, well-balanced meals shall be served regularly.

2. FOOD STORAGE

(a) *Storerooms*—Storerooms shall be clean and well ventilated. Stored food should be protected from dust, flies, rodents, vermin, unnecessary handling, droplet infection, overhead leakage or other source of contamination.

(b) *Refrigeration*—Kitchen facilities shall include refrigeration, and perishable food must be kept at a temperature below 50 degrees Fahrenheit. It is suggested that there be a reliable thermometer in the refrigerator and in the storerooms used for perishable food.

### 3. CLEANSING AND DISINFECTION OF UTENSILS

All dishes and utensils used in storage, preparation or serving of food and drink shall be effectively cleansed, rinsed, and disinfected after each usage. Recommended methods of disinfection:

- (1) Immersion for at least 2 minutes in clean water at 170° Fahrenheit.
- (2) Immersion for at least one-half minute in boiling water.
- (3) Immersion for at least 2 minutes in lukewarm chlorine bath containing at least 50 parts per million of available chlorine. (Chlorine is not recommended for silverware.)

Results obtained with dishwashing machines should be equal to those obtained by the methods outlined above.

After disinfection, the utensils should be allowed to drain and dry in racks or baskets on nonabsorbent surfaces. Drying cloths are not recommended. Dishes should be stored in closed cupboards for protection against dust and moisture.

### 4. CONSTRUCTION OF GLASS-FILLING DEVICES

Every device for filling water glasses should be constructed so as to prevent contact of the upper one-third of the glass with the device, and in addition, so that no portion of the device extends into the glass.

### 5. ICE

All ice used in contact with food or drink shall be clear natural ice, or ice made from water from a source approved by the Board of Health. Before ice is used in food or drinks it shall be washed with water of known safety, and handled in such manner as to prevent contamination by organisms of infectious disease.

### 6. MILK SUPPLY

Grade "A" pasteurized milk must be used if available. When such milk is not available, condensed, evaporated, or dried milk is recommended. Every precaution should be taken to assure a supply of safe, good milk. (For infants under one year of age see "Preparation of Feedings," page 22.)

### 7. HAND-WASHING FACILITIES FOR FOOD HANDLERS

There shall be hand-washing facilities with soap, running water, and an adequate supply of towels in all kitchens, including diet kitchens, and in washrooms used by food handlers. Use of a common towel is prohibited.

### 8. PHYSICAL EXAMINATIONS FOR FOOD HANDLERS

Food handlers shall have an examination for tuberculosis upon employment and annually thereafter.

## C. ACCOMMODATIONS FOR PATIENTS

### 1. ROOMS

(a) *Location*—Each patients's room shall be an outside room with a satisfactory amount of natural light and shall communicate directly

with a corridor. Rooms extending below ground level shall not be used for patients unless the rooms are dry, well ventilated, and otherwise suitable for occupancy.

(b) *Room Area*—Rooms shall afford not less than 60 square feet of floor space per bed with at least 3 feet between beds. Recommended: at least 100 square feet in one-bed rooms and 80 square feet per bed in multiple-bed rooms.

(c) *Window Area*—Window area should not be less than one-eighth of the floor area. Half of window area should be openable.

(d) *Doors*—Doors to patients' rooms should open inward and be sufficiently wide to permit removal of an occupied bed. (3' 10" is recommended.)

## 2. FURNISHINGS

(a) *Bed*—A good bed must be provided for each patient. After discharge of any patient the bed and bed furnishings, bedside furniture, and equipment shall be thoroughly cleaned.

(b) *Bedding*—A sufficient supply of clean bedding and bed linen shall be kept on hand for use at all times.

(c) *Storage Space*—There should be satisfactory storage space for clothing, toilet articles, and other personal belongings of patients.

(d) *Privacy for Patients*—Screens or suspended curtains shall be available for securing privacy in rooms occupied by two or more persons.

(e) *Signals*—Means for signaling attendants shall be provided at the bedside of each patient.

## D. NURSING DEPARTMENT

### 1. SPACE REQUIREMENT

There shall be adequate space and facilities for the proper cleansing and storage of nursing supplies and equipment. Suitable provision must be made for the preparation of medications and treatments. Utility rooms should be outside rooms with adequate lighting and ventilation. They should be conveniently located for efficient conduct of work.

### 2. EQUIPMENT

There should be sufficient equipment for nursing care according to the type of patients accepted by the institution. The following is not a complete list of nursing equipment necessary or desirable for the care of patients, but is intended to include certain minimum essentials and point out special precautions which must be taken in their use:

(a) *Linen*—Individual towels, wash cloths, and bath blankets must be provided for each patient.

Bedpan covers must not be used interchangeably.

(b) *Enamelware*—There shall be sufficient number of wash basins, mouthwash cups, and bedpans, plainly marked, for the use of each individual patient; provided that where enamelware is disinfected or sterilized after each using, it need not be kept individual.

(c) *Thermometers*—There shall be a sufficient number of thermometers, both oral and rectal, to permit adequate disinfection before using.

(d) *Hot-water Bags*—Hot-water bags should be covered before placing in beds. The greatest care should be exercised in their use to see that water is not too hot and bags are not leaking. If electric heat pads are used, they shall be checked periodically by a qualified electrician.

(e) *Restraints*—Restraints may be applied only when they are necessary to prevent injury to the patient or to others, and should be used only when alternative measures are not sufficient to accomplish these purposes. In applying restraints, careful consideration should be given to the methods by which they can be speedily removed in case of fire or other emergency.

### 3. STORAGE OF DRUGS AND MEDICINES

(a) All medicine, drugs, poisons, and stimulants shall be plainly labeled and stored in a specially designated, well-lighted medicine cabinet, closet or storeroom, and made accessible only to the physician or nurse in charge.

(b) Narcotics must be securely locked and accessible only to the person in charge. Biologicals shall be kept under refrigeration at temperature of 50 degrees Fahrenheit or under.

(c) Old medications should be discarded, including special prescriptions for patients who have left the institution.

### 4. STERILIZATION OF SUPPLIES

(a) *Sterilizing Equipment*—There shall be provision for the proper sterilization of dressings, utensils, instruments, and water.

(b) *Check of Sterilizer Performance*—It is recommended that a hospital adopt a recognized method of checking sterilizer performance, such as the use of a fusing control in the largest package of each load, or the bacteriological examination, at frequent intervals, of sterilized dressings.

(c) *Storage of Supplies*—A cabinet or other suitable enclosed space should be provided for keeping sterile equipment and supplies. Special precautions must be taken so that sterile supplies may not be mixed with unsterile supplies.

### 5. HAND-WASHING FACILITIES

(a) There should be adequate hand-washing facilities with knee, foot, or elbow control throughout the institution, especially in operating, delivery, labor rooms, and nursery; in examining and treatment rooms; in main and diet kitchens; in utility and other service rooms; in toilet rooms; and in rooms used for isolation of patients. Lavatories in patients' rooms are desirable.

(b) *Special Features in Connection with Scrub-up Sinks*—To be well adapted for hand-scrubbing for personnel, hand-scrubbing sinks should be designed to make it possible to wash hands easily, comfortably, and without breaking technique.

(1) The lavatory or sink should be at a proper height from the floor.

- (2) Faucets should be high enough above the basin to permit easy hand-washing under running water without touching the sides of the basin. Mixing faucets are desirable.
- (3) Running water for scrub-up sinks shall be controlled with a knee, foot or elbow operated device.
- (4) A sufficient supply of linen or paper towels shall be constantly available so that a fresh towel can be used for every hand-washing. Use of a common towel is prohibited.

## E. HOSPITAL RECORDS AND REPORTS

### 1. MEDICAL RECORDS

Accurate and complete medical records shall be kept for all patients admitted to the hospital, including a record of admission date, physical examination, provisional diagnosis, treatment, prognosis, and nursing care. The records of cases involving surgery must show details of pre-operative study and diagnosis; name of surgeon and his assistants, type of anesthetic and by whom administered; postoperative diagnosis, pathology, and result.

Records of newborn infants shall be kept and shall contain the physician's signed report on the physical condition of the infant immediately before the infant is discharged from the hospital.

All hospital records shall be preserved in a permanent file either as original records, abstracts, microfilming or otherwise, and should be such as to afford a basis for a complete audit of professional service rendered and for gathering statistical information.

### 2. PHYSICIANS' ORDERS

All orders of physicians shall be written in ink or indelible pencil and signed by the physician in charge. Such orders shall be preserved on the patient's chart or in the established record of such orders.

### 3. FINANCIAL RECORDS

An accurate and complete record of income and disbursement shall be maintained. Recommendations of hospital associations regarding accounting and statistics deserve careful consideration.

### 4. BIRTH AND DEATH LISTS

On or before the fifth day of each month a complete list of births, deaths, and stillbirths occurring in the hospital during the preceding calendar month shall be reported to the Board of Health with such information as the board requires, on special blanks which the board will furnish for such purpose.

### 5. BIRTH AND DEATH CERTIFICATES

(a) The hospital shall prepare a birth certificate for every child born therein, obtain attending physician's signature thereon, and forward it to the local registrar of vital statistics within five days after date of birth.

(b) Upon the death of a patient the hospital must promptly prepare a standard Kansas certificate of death for the deceased, containing all personal particulars, medical certification of cause of death and physician's signature. This complete death certificate will be presented to the funeral director or other person authorized by the family to prepare the body for interment.

#### 6. DISPOSITION OF BODIES

Whenever the body of a stillbirth or deceased is to be disposed of in any hospital by incineration, preservation or dissection, the hospital is legally acting as an undertaker and therefore must comply with section 134 of the vital statistics law (Ch. 65, Secs. 130-151, G. S., 1935). Such compliance involves filing a standard stillbirth or death certificate with the local registrar of vital statistics and obtaining a burial-removal permit before disposing of the body by the aforementioned means.

#### 7. UNCLAIMED BODIES

The hospital, when in possession of a dead body which is unclaimed, shall promptly notify the University of Kansas Medical Center, Kansas City, Kansas, of such possession. (See Ch. 65, secs. 901-905, inc., and Sec. 1706, G. S., 1935, for laws governing use of dead bodies by schools.)

### F. PROVISION FOR CONTAGIOUS DISEASE PATIENT

Hospitals which do not have a specialized contagious disease department shall make adequate provision for isolation of patients with contagious disease, or suspected of having, or being carriers of contagious disease.

### G. LABORATORY FACILITIES AND PRACTICES

Hospitals shall provide, as a minimum, adequate space, equipment, and supplies for routine chemical and microscopic urinalysis; and for complete blood count, coagulation time, bleeding time, sedimentation rate and estimation of hemoglobin. Such facilities should be supervised by a physician. Hospitals which do not maintain a laboratory capable of making standard hematological, bacteriological, pathological, and chemical diagnostic examinations under supervision of a competent pathologist, shall arrange to obtain all such service from a laboratory approved by the Kansas Advisory Laboratory Commission.

All abnormal tissues removed at operation, except tonsils and adenoids, shall be examined by a pathologist.

Complete reports of results of laboratory tests and of examination of tissues shall be entered in patients' records.

Laboratories performing blood tests for syphilis must be approved by the Kansas Advisory Laboratory Commission.

### H. X-RAY FACILITIES

Adequate space and equipment should be provided for diagnostic X-ray and fluoroscopic examinations. X-ray work should be in charge of, or under the general supervision of, a licensed physician with training or experience

in radiology, who should assume responsibility for film interpretation and for proper protection against radiation, electric shock, and combustion of stored film.

## I. PERSONNEL

### 1. MEDICAL ATTENDANCE AND NURSING SERVICE

(a) All persons admitted to a hospital should be under the care of a physician duly registered and licensed in Kansas, and authorized by the governing body to practice in such hospital. A diagnosis or provisional diagnosis should be recorded promptly by the physician on all persons admitted. Consultation on all serious cases by use of various medical staff members should at all times be encouraged.

(b) No medication or treatment shall be given to a patient except on the written order of a physician. When emergency cases are given medication upon oral or telephone instructions, the instructions should be written into the record.

(c) In all hospitals which admit two or more doctors to practice there should be an organized staff to govern the practice of medicine in the hospital and complete records of the proceedings of such organization should be maintained. All techniques and procedures involving diagnosis, treatment, and management of the patients should be reviewed periodically and subject to change by the medical staff.

(d) Nursing service should be in charge of a registered nurse, day and night. Provision should be made for adequate nursing coverage at all times.

(e) Homes or hospitals for chronically ill or convalescent patients shall arrange for one or more regularly licensed physicians to be called in emergency. They should have one qualified person, preferably a registered nurse, definitely in charge of nursing service.

(f) All adjunct and specialized services including laboratory, anesthetics, urology, radiology, etc., should be under direction of a qualified staff physician.

## III. SPECIAL REQUIREMENTS FOR MATERNITY SERVICE

### A. NURSING SERVICE

Nurses caring for maternity patients and newborn infants should not care for other patients. When necessary for the same nurse to care for both maternity and nonmaternity patients, isolation technique shall be employed in giving nursing care.

All personnel in contact with patients and all food handlers should be examined on assignment and annually thereafter by a physician designated by the hospital management, and certified as showing no evidence of communicable disease.

## B. ACCOMMODATIONS FOR MATERNITY PATIENTS

### 1. SEGREGATION OF DEPARTMENT

It is recommended that maternity patients be cared for in a segregated part of the hospital. If it is necessary to place maternity patients in rooms previously occupied by other patients, rooms and furnishings shall be thoroughly cleaned before so used.

### 2. ISOLATION FACILITIES

Immediate segregation and isolation of all mothers with infectious, fever or other condition inimical to the safety and welfare of others must be provided in a separate room.

### 3. PATIENTS' ROOM

Rooms for maternity patients must in general conform to the requirements set forth in Section II, C-1, of these standards. The following are additional requirements for rooms housing maternity patients:

- (a) *Location*—All rooms occupied by maternity patients shall be non-basement rooms.
- (b) *Floor Area*—Rooms or wards in which maternity patients are cared for shall provide floor space equal to at least 70 square feet per patient. There shall be at least 3 feet between beds.
- (c) *Privacy*—Where two or more patients occupy the same room, privacy shall be secured by means of screen or curtains.
- (d) *Hand-washing Facilities*—If the patient's room serves as admission and preparation room, it shall be equipped with proper hand-washing facilities.

## C. PROVISIONS FOR DELIVERY

### 1. ROOM TO BE PROVIDED

(a) It is recommended that a special room be equipped as a delivery room. This room must not be used for any other purpose, and it should be used only for delivery of noninfected patients. Patients with any evidence of infection or possible infection should be delivered in a separate room or in a private room.

(b) If maternity service is very small, it is permissible to use patient's own room provided the room affords reasonable privacy, can be set up satisfactorily for delivery, and is thoroughly clean before use.

(c) The operating room should not be used for delivery with the exception of Caesarean section.

### 2. ROOM—PHYSICAL FEATURES

(a) Delivery room shall be of ample size to permit observance of good technique.

(b) Walls and floor must be washable.

(c) Adequate lighting shall be provided.

(d) Hand-scrub facilities for doctors and nurses shall be in or adjacent to delivery room.

### 3. EQUIPMENT—FOR DELIVERY

- (a) There should be a suitable delivery table equipped for operative deliveries and treatment of shock. The pad should be protected with waterproofed sheeting in good condition.
- (b) Delivery room should be furnished with suitable tables or stands for instruments, enamelware, and necessary supplies.
- (c) An adequate supply of enamelware and sterile linen, dressings, gloves, and face masks should be in readiness for all deliveries.
- (d) Facilities for administration of oxygen and sterile equipment for administration of blood transfusions and intravenous or subcutaneous therapeutic solutions must be readily available.
- (e) There shall be ready at all times equipment for general anesthesia, and a minimum of drugs and anesthetics ordinarily needed for use.
- (f) A stretcher or carrier must be provided for returning patient to her own room.
- (g) There should be a surgical or spot light, a small sterilizer, and a clock in the delivery room. All lights should be equipped with explosion-proof bulbs.
- (h) There should be a supply cabinet or built-in shelf for sterile packages, instruments, suture materials, oxytocic drugs, syringes, and emergency equipment.
- (i) The same aseptic technique shall prevail as at any surgical operation.

### EQUIPMENT—FOR RECEPTION OF NEWBORN INFANT

- (a) *Heated Bassinet*—A heated bassinet, crib or incubator shall be ready in the delivery room for reception and care of the newborn infant. Provision should be made for keeping the infant warm and protected from exposure to infection during transit from delivery room to nursery. If the infant is carried by a nurse, he should be wrapped in a warm blanket and the nurse should wear a mask and a gown. An elevator, when used by an attendant transporting an infant, should be free of other passengers.
- (b) *Equipment for Resuscitation*—There must be equipment for resuscitation as ordered by the physician. Facilities for the administration of oxygen shall be available.
- (c) *Silver Nitrate Ampoules*—Silver nitrate ampoules for the prevention of infant blindness shall be kept on hand and instillation of silver nitrate shall be done before the infant is removed from the delivery room.
- (d) *Identification of Newborn Infants*—Every infant shall be marked for identification before it is removed from the delivery room by one of the reliable methods in common use, such as tape or name beads. Information shall be sufficient to identify infant with one mother, and one only. If written tags are used, ink shall be waterproofed.

#### 4. PROVISION FOR POSTPARTUM MOTHERS

*Immediate Care After Delivery.*—The patient shall be under close supervision during the time when she is recovering from the effects of anesthesia and for at least one hour to observe the fundus and to report to the physician any symptoms of hemorrhage.

### D. PROVISIONS FOR INFANTS

#### 1. GENERAL PROVISIONS:

(a) *Nursery to Be Provided*—A nursery shall be provided for the care of newborn infants and shall not be used for any other purpose.

(b) *Standard Nursery Defined*—The standard nursery is established as one that (1) contains no more than 12 bassinets (preferably eight); (2) provides 25-30 square feet of floor area for each bassinet, unless partitioned into cubicles; (3) is equipped with running water for hand-washing controlled by knee-, foot- or elbow-operated valves; (4) does not communicate directly with any other room used as a nursery or with a public corridor; and (5) is located as far as possible from the main line of hospital traffic.

(c) *Suspect Nursery Recommended*—It is recommended that every hospital maintaining a nursery shall provide as well a small "suspect" or observation nursery for the care of newborn infants who are suspected of harboring infection or who have been exposed to actual or potential infection.

(d) *Standard Suspect Nursery Defined*—The standard suspect nursery is established as one that:

- (1) Is entirely separate from the main nursery but on the obstetrical floor or in the maternity unit;
- (2) Contains one bassinet for each 8 bassinets in the main nursery but in no case less than 2 bassinets;
- (3) Provides 20-40 square feet of floor space per bassinet;
- (4) Is partitioned into cubicles; and
- (5) Is provided with running water for hand-washing controlled by knee-, foot-, or elbow-operated valves.

(e) *Disposition of Infants Suspected of Illness*—It is recommended that all infants who arouse suspicion of illness, or who have been exposed to actual or potential infection, should be housed in the suspect nursery until either suspicions are proved unwarranted or a diagnosis of disease is made. Responsibility and authority for transfer of an infant from the main nursery to the suspect nursery should be vested primarily in the nurse in charge of the main nursery at any given time. The suspect nursery should be staffed by nurses who do *not* work in the main nursery, and strict isolation technique should be observed there. The following categories of infants are considered either suspected of infection or exposed to potential infection:

- (1) Infants with possible diarrhea, eye or vaginal discharges, skin lesions, or premonitory symptoms of upper respiratory infection.
- (2) Infants born outside the hospital.

- (3) Infants born to mothers who have diarrhea or some other infectious disease, or who develop such during their hospital stay.
- (4) Infants subjected to ritualistic circumcision or to surgery other than routine circumcision.

(f) *Segregation and Isolation of Infants with Diagnosed Illnesses*—Immediate segregation and isolation of all infants with diagnosed infections such as diarrhea, infectious dermatitis, or respiratory infections shall be provided in a separate room off the obstetrical floor or outside the maternity unit. All equipment shall be kept completely separate for each such infant.

(g) *Admittance to Nurseries*—No persons other than physicians, nurses, technicians, and individuals responsible for maintenance should be admitted to any room used as a nursery. Everyone not working in the nursery exclusively should put on a fresh cap, gown, and mask when entering it, and wash hands.

(h) *Rooming In*—Infants may be kept in mothers' rooms provided individual cribs are furnished, visitors are restricted to a minimum, and other conditions are satisfactory to the Board of Health. Such rooms shall not be considered nurseries unless they contain more than two infants, in which case all requirements for an infant nursery shall apply.

## 2. ROOMS—PHYSICAL FEATURES OF NURSERIES

(a) *Location*—The nursery should be an outside room so located as to receive sunshine some portion of the day. It should be on the same floor as the mothers' rooms, and conveniently located with reference to them.

(b) *Size and Organization*—It is recommended that each bassinet should constitute an activity unit, and that therefore the entire floor space be utilized for the widest possible spacing of bassinet stands. Storage space for supplies should be provided in the bassinet stands insofar as possible or in individual bedside stands. There should be at least 18 inches between adjacent bassinets, with at least 3-foot aisles between rows. From 24-30 square feet of floor space should be provided for each infant and in no case should there be less than 20 square feet.

(c) *Handwashing Facilities*—Every room used as a nursery should be provided with handwashing facilities. Running water should be controlled by foot,- knee,- or elbow-operated devices. A paper towel dispenser should be provided. The use of a foot operated soap dispenser is suggested. One handwashing sink should be provided for each 8-10 bassinets in older nurseries.

(d) *Control of Atmospheric Conditions:*

- 1. *Heating*—Heating equipment shall be sufficient to maintain a temperature of 75 degrees Fahrenheit in the coldest weather. Any room used for the care of infants should be provided with a reliable room thermometer near the cribs and approximately at crib level.

2. **Cooling**—Cooling equipment should be provided of sufficient capacity to maintain a temperature of 75 degrees Fahrenheit in the hottest weather.
3. **Humidity**—Relative humidity should be maintained between 30-50%. The provision of an instrument for measuring humidity is desirable.
4. **Air Movement**—It is recommended that equipment be provided that will assure at least eight complete air changes in the nursery every hour in all types of weather. Glass deflectors, or other effective window ventilators, are recommended as protection against dust and drafts. A complete air conditioning system, thermostatically controlled, which will automatically provide for heating, cooling, humidity, and air movement is highly recommended.

(e) *Walls, Floors and Ceilings*—Walls and floors must be washable. Ceilings should be washable as well, and preferably should have acoustic treatment. **Dry sweeping or dusting in nurseries is prohibited.**

(f) *Viewing Windows*—A glass observation window is recommended, fitted with a shade or Venetian blind.

(g) *Anteroom*—No room used as a nursery should communicate directly with a public corridor. The anteroom that is therefore required may serve several useful purposes:

- (1) It should be equipped with handwashing facilities and space for storage of gowns for the use of personnel entering the nursery.
- (2) It may serve also as a chart room and "control" station for the use of nurses.
- (3) If a Dutch door, provided with a shelf or tray, opens from the anteroom into the nursery, physicians may examine infants without actually entering the nursery.

### 3. FURNISHING AND EQUIPMENT

(a) *Bassinets*—A separate crib or basket shall be provided for each infant. Cribs shall have firm mattresses, covered with waterproof sheeting and washable pads. Washable inside linings must be provided to obviate danger of injury to infants from crib bars and as a preventive measure against the transmission of infection except when one-piece plastic bassinets are provided. Freshly laundered linings, blankets, and linen shall be furnished for each new occupant. The provision of "unit" cribs which contain built-in table tops for washing and storage space for the infant's supplies is recommended. The use of racks or bassinet stands which hold more than one bassinet should be prohibited.

(b) *Common Tables Disapproved*—The use of common bathing or dressing tables should be prohibited as a preventive measure against transmission of infection. All bathing, diaper changing, and treatments should be carried out in the bassinet.

(c) *Individual Thermometers*—One rectal thermometer shall be provided for each infant. Thermometers shall be kept in antiseptic solution in individual containers.

(d) *Other Individual Supplies*—Individual bottles of oil (if oil is used), individual washbasins (if daily baths are given) and an individual 24-hour supply of linen should be provided for each infant and stored, with the thermometer, in the bassinet stand.

(e) *Scales*—Accurate scales must be provided; the weighing pan should be freshly covered for each infant.

(f) *Bottle Warmer*—A separate utensil, preferably a self-contained electrical apparatus, should be provided for warming infant formulas.

(g) *Diaper Cans and Linen Hampers*—In each nursery there shall be at least one covered metal container for soiled diapers, with foot control pedal and removable paper or other lining which can be disposed of or laundered. In each nursery there should be at least one linen hamper with removable liner for soiled linen other than diapers.

(h) *Incubators*—Incubators suitable for the care of premature infants shall be provided in the ratio of at least one incubator to 20 bassinets or fraction thereof.

(i) *Hot-water Bags*—If hot-water bags are used, they must be enclosed in a protective covering before being placed in the crib. Electrical heating pads shall not be used in cribs of infants.

(j) *Clock*—A large wall clock, visible from all parts of the nursery, should be provided.

#### 4. PREPARATION OF FEEDINGS

(a) *Formula Room*—There shall be a special area for the preparation of milk mixtures, equipped with a sterilizer, sink, handwashing facilities, and storage space. This area should at least be out of the line of traffic, and is preferably enclosed as a separate room.

(b) *Refrigerator*—There shall be a refrigerator of a size in keeping with capacity of nursery equipped with a thermometer capable of holding a 24-hour supply of individually bottled milk mixtures. A temperature of 40-45 degrees Fahrenheit should be maintained in it. It should be used for formulas exclusively.

(c) *Care of Bottles, Caps, and Utensils*—Bottles, caps, and utensils used in the preparation of milk mixtures shall be thoroughly washed and rinsed before each use. Feeding equipment from infected or suspected infants shall be sterilized before being returned to the milk room.

(d) *Care of Nipples*—Nipples shall be thoroughly washed, rinsed, and sterilized by boiling before each use.

(e) *Preparation of Feedings*—Feedings should be prepared by a registered nurse or dietitian, who is preferably gowned and masked and who adheres to a scrupulously clean technique. All formulas and fluids offered to newborn infants (or other infants under the age of one year) shall be prepared by the following method, known as terminal or post sterilization:

Milk mixtures and other fluids offered to infants shall be poured into clean individual bottles at the time of preparation. A sterilized nipple shall then be attached to each bottle and covered with a cap of paper, metal or glass so constructed that the nipple is completely enclosed. The entire unit shall then be subjected to terminal sterilization with steam, under pressure of not less than 6 pounds (110 degrees Centigrade or 230 degrees Fahrenheit) for not less than 10 minutes, or by flowing steam at a temperature of not less than 100 degrees Centigrade (212 degrees Fahrenheit) for not less than 30 minutes. The temperature of the formula or fluid, as determined by periodic testing, shall be not less than 93 degrees Centigrade (200 degrees Fahrenheit) at the end of the heating period.

(f) *Non-autoclavable Feedings*—Fruit juices and formulas containing soybean products, meat, cereal or lactic acid may be offered without such terminal heating, but shall be prepared with and stored in pre-sterilized equipment.

#### 5. NURSING SERVICE

(a) *Nurse-Infant Ratio*—Nursing care should be provided day and night in the ratio of at least 1 nurse for each 12 infants (preferably 8).

(b) *Graduate Nurse Requirement*—At least one graduate nurse should be assigned to each room used as a nursery at all times, day and night. If the nursery census falls below 6 infants, she may properly give care to noninfected obstetric patients on the floor, provided that she observes isolation precautions (cap, gown, and mask) with one of her two classes of patients.

(c) *Advanced Training of Nurses*—At least one graduate nurse assigned to the nursery should have had advanced training in the care of full-term and premature infants at some recognized teaching center.

(d) *Use of Auxiliary Workers*—Auxiliary workers should not work in the nursery except under the close and immediate supervision of a registered nurse in the maternity division.

#### 6. CLOTHING AND LINEN

(a) *Clothing*—Infants' clothing should be furnished by the hospital. Freshly laundered or disposable diapers only should be used, and should be available in the necessary quantity. When the infant is discharged, clothing furnished by its parents should not be brought into the nursery.

(b) *Laundry*—Nursery linen should be washed separately from other hospital linen, and carefully protected from contamination after laundering. Clean receptacles only should be used to return nursery linen to the maternity department. Diapers should be washed in plenty of mild soap and thoroughly rinsed through four waters to remove all soap. They should not be washed by nurses assigned to the nursery.

#### 7. EXCEPTIONS TO CERTAIN REQUIREMENTS

Exceptions may be made to the majority of the above provisions which have the effect of law (printed in boldface type) in connection with

bona fide research and experimentation in the medical or nursing aspects of nursery operation. Such departures from standards should be cleared through the Division of Maternal and Child Health of the Board of Health and should not be carried out any longer than will serve a useful purpose.

#### IV. SPECIAL REQUIREMENTS FOR MENTAL HOSPITALS

##### A. PERSONNEL

The staff of a mental hospital or general hospital with psychiatric service should include a physician who is qualified by training and experience to direct the care and treatment of patients afflicted with mental illness.

Psychiatrists and other personnel, trained in therapies used in the care or treatment of the mentally ill, should be proportionate to the number of patients as recommended by the American Psychiatric Association.

##### B. SECURITY MEASURES

Hospitals admitting and treating mentally-ill patients shall take every reasonable precaution for the security of patients and personnel, such as providing lockable doors and windows, screens or bars, shatter-proof glass, suitable room furnishings, etc., and exercising due diligence in keeping drugs, narcotics, objects and materials which might be used for homicidal or suicidal purposes inaccessible to patients.

##### C. SECLUSION, RESTRAINT

Patients shall not be placed in seclusion or in mechanical restraint except on written order of the physician in charge.

##### D. SHOCK TREATMENT

Shock treatment shall be given only by persons who are designated by the governing body or director as being adequately trained or instructed in such treatment.

#### V. SPECIAL REQUIREMENTS FOR TUBERCULOSIS HOSPITALS

##### A. DISPOSAL OF SPUTUM

A rigid routine for daily collection of sputum cups and bedside paper bags shall be carried out. These shall be burned in an incinerator.

##### B. CONTAGION TECHNIQUE

An approved technique for preventing the spread of infection from patient to employes shall be carried out. This applies particularly to the nurses giving bedside care, and masks and gowns shall be provided for their use. It is especially important that adequate hand-washing facilities be provided on all floors. All employes, professional and nonprofessional, shall be given pre-employment and annual examinations, including a chest X-ray.

C. X-RAY DEPARTMENT

The X-ray department should be located so as to be convenient to both in-patient and out-patient departments.

A written report on each X-ray film taken shall be made and properly filed.

D. DISHWASHING

It is especially important that approved methods of washing and sterilizing dishes be enforced.

E. REHABILITATION FACILITIES

Larger sanatoria, generally 200 or more beds, should provide space for rehabilitation activities. This should include an auditorium for entertainment and religious worship, classrooms for instruction, and occupational therapy rooms.

Larger sanatoria should also have a social service department headed by a qualified social service worker.

VI. HOSPITAL STANDARDS DEVELOPED ON A POINT SYSTEM  
EXPLANATION

The licensing agency, with approval of the Advisory Hospital Council, has adopted a point system to serve as a guide in measuring a hospital's ability to meet requirements for licensure. The schedule of points on the following pages is intended to furnish a plan for taking an inventory of what the hospital has and what it does to promote the safety and comfort of patients and employes. No attempt is made to establish the relative importance of different phases of hospital care.

An increase in bed capacity is usually accompanied by additional and improved facilities, broadening the field of activity, wider variety of services, and greater specialization in care of patients. Therefore, under a point system, the number of points needed for licensure will depend largely upon the size of the hospital. The table below shows the approximate number of points which general hospitals, according to size, are expected to attain.

4- 25 beds.....	400 points
26- 50 beds.....	500 points
51- 75 beds.....	600 points
76-100 beds.....	700 points
101-150 beds.....	800 points
Over 150 beds.....	1,000 points

Special Hospitals and Homes for Chronic or Convalescent Patients may reasonably be expected to meet the same standards as General Hospitals in facilities and services which are common to all; and correspondingly high standards in facilities and services peculiar to each.

**Important:** A star (★) indicates a regulation which must be met or a standard which must be attained within a reasonable time (see Sec. 8 of Licensure Law) to continue operation of a hospital.

## SCHEDULE OF POINTS

### I. SITE

A. ACCESSIBILITY	<i>Total points</i>	<i>10</i>
1. Location convenient to doctors, employees and public.....		2
2. Parking facilities for staff and visitors.....		2
3. Sidewalks or paved approaches to entrances.....		2
4. Entrances and grounds adequately lighted.....		2
5. No unusual traffic hazards.....		2
B. PUBLIC UTILITIES	<i>Total points</i>	<i>30</i>
1. Water supply .....		5
2. Sewerage system .....		5
3. Electric light and power.....		5
4. Public gas supply.....		5
5. Fire department .....		5
6. Telephone system .....		5
C. ENVIRONMENT		
Freedom from annoyance or danger from:	<i>Total points</i>	<i>10</i>
1. Industrial plants, railroads, airports.....		3
2. Exposure to outside fire hazards.....		3
3. Adjacent fly or mosquito-breeding areas.....		2
4. Floods or poor surface drainage.....		1
5. Schools, playgrounds, athletic fields.....		1
D. AREA	<i>Total points</i>	<i>6</i>
1. Sufficiency for present needs.....		3
2. Room for expansion.....		3
E. Protected by zoning restrictions.....		4
<i>Total Points for Part I, "Site"</i>		<i>60</i>

### II. GENERAL

A. SAFETY AND SANITATION		
1. Housekeeping	<i>Total points</i>	<i>220</i>
★ a. Interior surfaces clean and in good condition.....		5
★ b. Furniture, floor-coverings, equipment, clean and in good condition .....		5
c. Patients' quarters comfortable and attractive.....		5
★ d. Effective measures for vermin and rodent control in use....		5
e. Cleaning equipment adequate and adapted to hospital use...		5
2. Fire Prevention and Control—Safety Measures		
★ a. Meet requirements of state or local authorities.....		10
b. Building housing patients rated for insurance as fireproof or fire resistive .....		10
c. Automatic sprinkler system.....		10
d. Special care in handling or storing of combustible or explosive materials .....		5
3. Heating		
★ a. Adequate radiation .....		5
b. Central heating plant with thermostatic control.....		10

4. <i>Water Supply</i>	
★ a. From approved source.....	5
b. Hot and cold water outlets well distributed.....	5
5. <i>Sewage Disposal</i>	
★ a. Through approved sewerage system.....	5
(Additional if approved municipal system).....	5
6. <i>Plumbing</i>	
★ a. Complies with state and local regulations, if any, and with requirements of State Board of Health.....	5
★ b. Adequate number of toilets, baths or showers, lavatories, sinks,	5
7. <i>Garbage Disposal</i>	
★ a. Sanitary handling of garbage; infectious waste materials burned .....	5
b. Facilities for refrigeration of garbage.....	5
★ 8. <i>Screens for Outside Openings</i> .....	5
9. <i>Lighting</i>	
★ a. Patients' rooms have satisfactory natural light.....	5
★ b. Artificial lighting adequate in all parts of building, stairways, basement, etc. ....	5
★ c. Wiring in good condition—safe installation of fixtures particularly in operating and delivery rooms.....	5
10. <i>Emergency Lighting</i>	
★ a. Battery operated lamps or flashlights—no open flame.....	5
Or emergency generator or battery system installed to supply circuits promptly with current.....	10
11. <i>Ventilation</i>	
★ a. All spaces for patients susceptible to frequent change of air—means of avoiding drafts in patients' rooms.....	5
Or forced ventilation or air conditioning system.....	10
b. Exhaust fans in kitchen, laundries, and spaces lacking outlets,	5
12. <i>Stairways</i>	
★ a. Handrails on all stairways; guardrails on open stairways.....	5
13. <i>Elevators</i>	
★ a. Installation conforming to recognized safety code and to state and local codes, if any—regular inspection.....	5
14. <i>Laundry</i>	
a. Adequate space, well ventilated, modern equipment, well operated—sufficient capacity .....	10
★ Or good commercial laundry service.....	5
★ 15. <i>Incineration</i>	
a. Equipped to burn infectious waste materials.....	5
16. <i>Communication</i>	
★ a. Telephone—private line .....	5
b. Intercommunicating system .....	5

17. <i>Engineer</i>		
a. Qualified full-time engineer.....	10	
Or part time .....	5	
b. Adequate work and storage space.....	5	
c. Adequate and safe fuel storage.....	5	
<b>B. DIETARY</b>	<i>Total points</i>	70
1. Supervised by graduate dietitian.....	15	
★ Or by competent person experienced in such work.....	5	
2. Prepared daily menus on file.....	5	
★ 3. Kitchen area adequate—clean—good equipment—well ventilated...	5	
★ 4. Food storage—clean, well ventilated, affording complete protection against food contamination—refrigeration.....	5	
★ 5. Adequate dishwashing and disinfecting equipment and processes and means of garbage disposal.....	5	
6. Sanitary glass-filling devices .....	5	
★ 7. Sanitary handling of ice used in food or drink.....	5	
★ 8. Use of only pasteurized, powdered or condensed milk.....	10	
★ 9. Adequate hand-washing facilities—common towel prohibited....	5	
★ 10. Medical examination of all food handlers for pulmonary tuberculosis .....	5	
11. Ample dining area (12 square feet per person).....	5	
<b>C. ACCOMMODATIONS FOR PATIENTS</b>	<i>Total points</i>	70
★ 1. All outside rooms—above ground level—communicating directly with corridor .....	5	
2. Room areas (per bed—at least 3 feet between beds)		
Private rooms 100 square feet, multiple-bed rooms 80 sq. ft.,	20	
Private rooms 80 square feet, multiple-bed rooms 70 sq. ft....	15	
Private rooms 70 square feet, multiple-bed rooms 60 sq. ft....	10	
★ No room area less than 60 square feet per bed.....	5	
3. Window area adequate for natural light and ventilation.....	5	
4. Room doors opening inward—sufficient width.....	5	
★ 5. Good beds—plentiful supply of bedding and linen.....	5	
6. Space for patients' personal effects.....	5	
★ 7. Privacy for patients in multiple-bed rooms.....	5	
★ 8. Call signal convenient to each patient.....	5	
★ 9. Beds, bed furnishings, etc., thoroughly cleaned after discharge of patient .....	5	
10. Rooms well equipped (adjustable bed, easy chair, floor lamp, lavatory, etc.) and arranged for comfort and convenience of patients .....	10	
<b>D. NURSING DEPARTMENT</b>	<i>Total points</i>	55
★ 1. Ample space and facilities for cleaning and storage of equipment,	5	
2. Fixed stations for nurses.....	5	
3. Nurses' rest rooms—including toilets.....	5	

★ 4. Equipment—enamelware, hot-water bags, thermometers, etc....	5
★ 5. Drug and medicine cabinet.....	5
★ 6. Locker for narcotics—record book.....	5
★ 7. Sterilizing facilities—checks on performance.....	10
★ 8. Lavatories, scrub-up sinks with foot, knee, or elbow control....	5
★ 9. Supply of individual towels, bath blankets, etc.....	5
★ 10. Restraints—acceptable practice in use of.....	5
<b>E. HOSPITAL RECORDS AND REPORTS</b>	<i>Total points 85</i>
★ 1. Medical records—meet substantially the recommendations' of American Medical Association or American College of Surgeons...	40
★ 2. Accounting system—complete record of income and disbursements, Or conforming substantially to principles' recommended by American Hospital Association or other national organizations.....	15
3. Statistical information records .....	5
★ 4. Birth certificates filed with local registrar.....	5
★ 5. Birth and death lists sent promptly to Board of Health.....	5
★ 6. Death certificates secured.....	5
★ 7. Unclaimed bodies reported to University of Kansas Medical Center,	5
★ 8. Burial permits obtained for bodies disposed of in hospital.....	5
★ F. Isolation of contagious disease patients or suspects.....	10
<b>G. LABORATORY</b>	<i>Total points 40</i>
★ 1. Approved by Kansas Advisory Laboratory Commission if blood testing for syphilis .....	10
2. Autopsies performed on 15 percent or more of annual deaths....	10
3. Director—Certified by American Board of Pathology.....	10
4. Technicians certified by Board of Registry (American Society of Clinical Pathologists) .....	10
<b>H. X-RAY</b>	<i>Total points 40</i>
1. Portable X-ray machine and fluoroscope.....	10
2. Complete X-ray diagnostic and/or therapeutic service under qualified roentgenologist .....	30
<b>I. PERSONNEL</b>	<i>Total points 90</i>
1. <i>Employes Per Occupied Bed</i> (Occupied bed equals patient days' for 6 months' divided by 183)	
0.6 per occupied bed.....	3
0.7 per occupied bed.....	5
0.8 per occupied bed.....	10
0.9 per occupied bed.....	15
1.0 per occupied bed.....	20
1.1 per occupied bed.....	23
1.2 per occupied bed.....	25
2. <i>Registered Nurses</i>	
One registered nurse per 5 occupied beds.....	10
One registered nurse per 4 occupied beds.....	15
One registered nurse per 3 occupied beds.....	20

Registered nurse (surgical training) in charge of surgical department .....	10
Registered nurse (obstetrical training) in charge of obstetrical department .....	10
All nursing service in charge of registered nurse.....	10
3. <i>Practical Nurses</i>	
Qualifications and duties defined as recommended by Kansas Nurses' Association .....	5
4. <i>Librarian</i> (part-time if no more needed).....	5
5. Librarian registered by American Association of Medical Record Librarians .....	5
J. ORGANIZATION	<i>Total points</i> 75
1. Governing body (Board or Individual) whose duties are defined by written instrument (Constitution and Bylaws).....	5
2. Administrator or Executive Officer—competent and experienced—responsible to governing authority.....	10
3. Organized Medical Staff: Written bylaws, rules, and regulations; assuming responsibility for all techniques involving professional care of patients; holding regular meetings; keeping records of proceedings .....	20
4. Approved by American College of Surgeons or registered by American Medical Association; or approved or registered by other accredited national organization.....	10
5. Approved for Internships or Residencies by American College of Surgeons, American Medical Association, or by other accredited national organization .....	10
6. Approved school for nurses by Kansas Board of Examination and Registration for Nurses .....	10
7. Member of American Hospital Association or other accredited national organization .....	5
8. Member of Kansas Hospital Association or other accredited state organization .....	5
III. MATERNITY SERVICE	
A. NURSING	<i>Total points</i> 15
1. Nurse or nurses giving time exclusively to maternity patients—or employing isolation technique if serving other patients.....	10
2. Nurses examined and certified as free from communicable disease,	5
B. ACCOMMODATIONS FOR MATERNITY PATIENTS	<i>Total points</i> 35
1. Maternity patients segregated.....	10
★ 2. Isolation room or rooms.....	5
★ 3. All nonbasement rooms; area 70 square feet or more per bed—larger area in multiple-bed rooms or wards; screens or curtains between beds in multiple-bed rooms or wards.....	5
4. Section of hospital equipped for and devoted exclusively to maternity patients .....	10
5. Special labor rooms (1 per 10 obstetric beds').....	5

<b>C. DELIVERY</b>	<i>Total points</i>	<i>45</i>
1. Rooms equipped and used exclusively for delivery (1 per 20 obstetric beds) segregated from other departments.....		20
★ 2. Equipment for oxygen; transfusion; anesthesia; substerilizing....		10
★ 3. Incubator available .....		5
★ 4. Reliable method of identification of infants.....		5
★ 5. Surgical or spotlight available.....		5
<b>D. PROVISION FOR INFANTS</b>	<i>Total points</i>	<i>50</i>
1. Special nursery for infants (adequate area per bassinet).....		20
★ 2. Formula room or area for preparation of food properly equipped,		10
★ 3. Isolation facilities and techniques for diseased infants.....		5
★ 4. Heat, ventilation, and humidity regulation.....		10
5. Visiting restrictions .....		5
6. Special provisions for premature infants.....		5
7. Adequate work area .....		5
8. Suspect nursery .....		5
★ 9. Terminal sterilization of feedings .....		5
<b>MISCELLANEOUS</b>		
<b>A. ADMINISTRATION</b>	<i>Total points</i>	<i>28</i>
1. Business office and information desk.....		3
2. PBX board and night information desk.....		5
3. Medical record room.....		2
4. Staff lounge .....		2
5. Lobby .....		2
6. Public toilets .....		3
7. Administrator's office .....		2
8. Director of nurses office.....		2
9. Admitting office .....		2
10. Library, conference or board room.....		5
<b>B. SURGICAL DEPARTMENT</b>	<i>Total points</i>	<i>50</i>
1. Major operating room.....		5
2. Minor operating room.....		5
3. Cystoscopy room .....		5
4. Orthopedics room .....		5
5. Central sterilizing room.....		5
6. Instrument room .....		3
7. Anesthesia room and storage.....		5
8. Doctors' lockers and showers.....		2
9. Station for supervisor.....		5
10. Air conditioned .....		5
11. Automatic temperature control.....		5
<b>C. EMERGENCY DEPARTMENT</b>	<i>Total points</i>	<i>18</i>
1. Accident room—near ambulance entrance.....		10
2. Accident room completely separated from surgical and obstetrical departments .....		3
3. Equipment and supplies adequate for anticipated use.....		5

<b>D. OUT-PATIENT DEPARTMENT</b>		<i>Total points</i>	<b>24</b>
1. Easily accessible—on ground floor if possible.....			5
2. Convenient to X-ray, laboratory, etc.....			5
3. Waiting room and toilets available.....			3
4. Social service and screening room.....			5
5. Examining room .....			3
6. Dental unit .....			3
<b>E. SPECIAL BED ALLOCATION</b>			
1. Beds devoted primarily to care of:	<i>Total points</i>		40
a. Chronic diseases .....			10
b. Early tuberculosis .....			10
c. Early mental disorders.....			10
d. Contagious diseases .....			10
<b>F. EMPLOYEES' FACILITIES</b>		<i>Total points</i>	30
1. For nurses (if no nurses' home); locker rooms, showers, rest rooms, toilet in main building.....			10
Or nurses' home .....			15
2. Nurses' rest rooms and toilet on each floor.....			5
3. For other employes—available locker rooms, toilets, showers, rest rooms .....			10
<b>G. ADJUNCT DIAGNOSTIC AND TREATMENT FACILITIES</b>		<i>Total points</i>	60
1. Radiology—under direction of qualified radiologist.....			5
2. Physical Therapy—with qualified technician—and adequate equip- ment .....			5
3. Anesthesia—organized department under direct supervision of a competent medical anesthetist.....			5
4. Electrocardiography—adequate equipment—supervised by physi- cian trained in cardiology, competent technician.....			5
5. Oxygen Therapy—under supervision of member of medical staff with knowledge of apparatus and scientific principles of the therapy .....			10
6. Pharmacy—with registered pharmacist .....			10
7. Occupational Therapy—trained technician.....			5
8. Dental Department—a complete and self-contained unit organized on par with other departments.....			10
9. Cancer Clinic .....			5
<b>H. INSURANCE COVERAGE: (1) Fire, lightning, tornado; (2) steam boiler;     (3) workmen's compensation; (4) public liability.....</b>			5

## VII. HOSPITAL LICENSURE LAW

### Chapter 329, Laws of Kansas, 1947

#### HOUSE BILL NO. 67

AN ACT relating to hospitals; providing for the licensing, inspection and regulation thereof; creating a hospital advisory council and prescribing its powers and duties; authorizing the promulgation of rules and regulations and providing enforcement procedures for carrying out the provisions of the act; and providing penalties for the violation thereof.

*Be it enacted by the Legislature of the State of Kansas:*

SECTION 1. *Definitions.* As used in this act: (a) "Hospital" means a place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment or care for not less than twenty-four hours in any week of four or more nonrelated individuals suffering from illness, disease, injury, or deformity, or a place devoted primarily to providing for not less than twenty-four hours in any week of obstetrical or other medical or nursing care for four or more nonrelated individuals. The term "hospital" shall include public health centers, but shall not include maternity homes or institutions primarily devoted to domiciliary care, such as boarding homes and homes for the aged or to homes or institutions which, as an exercise of religious freedom, are conducted in conformity with the practice of the religious tenets of any church in the ministrations to the sick or suffering by spiritual means, and provided that quarantine regulations relating to contagious diseases are not infringed upon. (b) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof. (c) "Governmental unit" means the state, or any county, municipality, or other political subdivision thereof; or any department, division, board or other agency of any of the foregoing. (d) "Licensing agency" means the state board of health.

SEC. 2. *Purpose.* The purpose of this act is to provide for the development, establishment and enforcement of standards: (1) For the care and treatment of individuals in hospitals; and (2) for the construction, maintenance and operation of hospitals, which, in the light of advancing knowledge, will promote safe and adequate treatment of such individuals in hospitals.

SEC. 3. *Licensure.* After July 1, 1948, no person or governmental unit, acting severally or jointly with any other person or governmental unit shall establish, conduct or maintain a hospital in this state without a license under this law.

SEC. 4. *Application for license.* An application for a license shall be made to the licensing agency upon forms provided by it and shall contain such information as the licensing agency reasonably requires, which may include affirmative evidence of ability to comply with such reasonable standards, rules and regulations as are lawfully prescribed hereunder.

SEC. 5. *Issuance and renewal of license.* Upon receipt of an application for license, the licensing agency shall issue a license provided the applicant and the hospital facilities meet the requirements established under this act. A license, unless suspended or revoked, shall be renewable annually without charge upon the filing by the licensee, and approval by the licensing agency, of an annual report upon such uniform dates and containing such information in

such form as the licensing agency prescribes by regulation. Each license shall be issued only for the premises and persons or governmental units named in the application and shall not be transferable or assignable except with the written approval of the licensing agency. Licenses shall be posted in a conspicuous place on the licensed premises.

SEC. 6. *Denial or revocation of license; hearings and review.* The licensing agency after notice and opportunity for hearing to the applicant or licensee is authorized to deny, suspend or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements established under this law. Such notice shall be effected by registered mail, or by personal service setting forth the particular reasons for the proposed action and fixing a date not less than thirty days from the date of such mailing or service, at which the applicant or licensee shall be given an opportunity for a prompt and fair hearing. On the basis of any such hearing, or upon default of the applicant or licensee, the licensing agency shall make a determination specifying its findings of fact and conclusions of law. A copy of such determination shall be sent by registered mail or served personally upon the applicant or licensee. The decision revoking, suspending or denying the license or application shall become final thirty days after it is so mailed or served, unless the applicant or licensee, within such thirty-day period, appeals the decision to the advisory council provided in section 10 of this act which shall convene within fifteen days after such appeal and may affirm, modify or reverse such decision or grant the licensee a period of time not exceeding one year in which the licensee shall make such changes as are necessary to comply with the requirements established under this act, or may grant a conditional license to an applicant for a period not exceeding one year which conditional license shall automatically terminate on the date fixed unless the applicant shall, before such date, comply with the requirements established under this act. Any decision of the advisory hospital council revoking, suspending, or denying the license or application shall become final thirty days after it is mailed or served, unless the applicant or licensee appeals as provided in section 14 of this act. The procedure governing hearings authorized by this section shall be in accordance with rules promulgated by the licensing agency with the approval of the advisory hospital council. A full and complete record shall be kept of all proceedings, and all testimony shall be reported but need not be transcribed unless the decision is appealed pursuant to section 14 hereof. A copy or copies of the transcript may be obtained by any interested party on payment of the cost of preparing such copy or copies. Witnesses may be subpoenaed by either party.

SEC. 7. *Rules, regulations, and enforcement.* The licensing agency subject to the approval of the advisory hospital council, shall adopt, amend, promulgate and enforce such rules, regulations and standards with respect to all hospitals or different types of hospitals to be licensed hereunder as may be designed to further the accomplishment of the purposes of this law in promoting safe and adequate treatment of individuals in hospitals in the interest of public health, safety and welfare: *Provided*, That no rule or regulation shall be made by the licensing agency which would discriminate against any practitioner of the healing art who is licensed to practice in this state: *Provided further*, That boards of trustees or directors of institutions licensed pursuant to the provisions of this act shall have the right to select the professional staff members of such institutions and to select and employ internes, nurses and other personnel and no

rules, regulations or standards of the licensing agency shall be valid which, if enforced, would interfere in such selection or employment: *And provided further*, That in formulating rules and regulations, the agency shall give due consideration to the size of the hospital, the type of service it is intended to render, the scope of such service and the financial resources in and the needs of the community which such institution serves.

SEC. 8. *Effective date of regulations.* Any hospital which is in operation at the time of promulgation of any applicable rules or regulations or minimum standards under this act shall be given a reasonable time, under the particular circumstances not to exceed two years from the date of such promulgation, within which to comply with such rules and regulations and minimum standards.

SEC. 9. *Inspections and consultations.* The licensing agency shall make or cause to be made such inspections and investigations as it deems necessary. The licensing agency may prescribe by regulations that any licensee or applicant desiring to make specified types of alterations or additions to its facilities or to construct new facilities shall before commencing such alteration, addition or new construction, submit plans and specifications therefor to the licensing agency for preliminary inspection and approval or recommendations with respect to compliance with the regulations and standards herein authorized. Necessary conferences and consultations may be provided.

SEC. 10. *Advisory hospital council.* The governor shall appoint an advisory hospital council to advise and consult with the licensing agency in carrying out the administration of this act. The council shall consist of nine members as follows: Three representatives of the Kansas hospital association; two members of the medical profession; one registered nurse who shall be a member of the Kansas state nurses' association; and three persons representative of users of the hospital services, one of whom shall be the state chairman of the subscriber's council of the Kansas hospital service association, inc. The secretary of the state board of health shall be ex officio secretary of such council. The council shall, annually, elect from its own membership a chairman. Each member shall hold office for a term of four years, except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term and the terms of office of the members first taking office shall expire, as designated at the time of the appointment, two at the end of the first year, two at the end of the second year, two at the end of the third year, and three at the end of the fourth year after the date of appointment. Council members while serving on the business of the council shall receive necessary travel and subsistence expenses while so serving away from their place of residence. The council shall meet as frequently as the chairman deems necessary, but not less than once each year. Upon request by three or more members, it shall be the duty of the chairman to call a meeting of the council.

SEC. 11. *Functions of advisory hospital council.* The advisory hospital council shall have the following responsibilities and duties: (a) To supervise and direct the licensing agency in matters of policy affecting administration of this act, and in the development and approval of rules, regulations and standards provided for hereunder. (b) To review on appeal of a licensee or applicant any order of the licensing agency revoking, denying or suspending a license and to affirm, modify or reverse such order.

SEC. 12. *Information confidential.* Information received by the licensing

agency through filed reports, inspections, or as otherwise authorized under this act, shall not be disclosed publicly in such manner as to identify individuals or hospitals, except in a proceeding involving the question of licensure.

SEC. 13. *Annual report of licensing agency.* The licensing agency shall prepare and publish an annual report of its activities and operations under this law.

SEC. 14. *Judicial review.* Any applicant or licensee aggrieved by the decision of the advisory hospital council may, within thirty days after the mailing or serving of notice as provided in section 6 of this act, appeal to the district court of the county in which the hospital is located or is to be located. The district court shall try the appeal *de novo* and shall have the jurisdiction to affirm, modify, vacate or reverse the decision complained of. Notice of said appeal shall be filed in the office of the clerk of the district court and a copy thereof served upon the licensing agency within five days thereafter. Upon the filing of said appeal, the licensing agency shall, within twenty days, file with the clerk of the district court all records of the licensing agency and advisory hospital council in the case, including the evidence taken at the proceedings. Either the applicant, licensee, licensing agent, or the state may apply for such further review as is provided by law in civil cases for appeals to the supreme court. Pending a final disposition of the matter, the status quo of the applicant or licensee shall be preserved except as the court otherwise orders in the public interest.

SEC. 15. *Penalties.* Any person establishing, conducting, managing, or operating any hospital without a license under this law shall be guilty of a misdemeanor, and upon conviction shall be fined not more than one hundred dollars for the first offense and not more than fifty dollars for each subsequent offense, and each day of a continuing violation after conviction shall be considered a separate offense.

SEC. 16. *Injunction.* Notwithstanding the existence or pursuit of any other remedy, the licensing agency may, in the manner provided by law, upon the advice of the attorney general who shall represent the licensing agency in the proceedings maintain an action in the name of the state for injunction or other process against any person or governmental unit to restrain or prevent the establishment, conduct, management or operation of a hospital without a license under this law.

SEC. 17. *Severability.* If any provision of this act or the application thereof to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions or application of this act which can be given effect without the invalid provision or application, and to this end the provisions of the act are declared to be severable.

SEC. 18. This act shall take effect and be in force from and after its publication in the statute book.

Approved April 8, 1947.

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